

Request To Cancel Registration Of Deceased Voter

GENERAL INSTRUCTIONS:

The next of kin of a deceased voter may submit this form to the County Election Board to request the cancellation of the deceased voter's registration. A nursing home administrator or a funeral director also is authorized by 26 O.S. §4-120.3 to submit this form to the County Election Board.

This form must be signed by the next of kin or other authorized person and the signature must be witnessed by an Election Official, by two witnesses who also sign and provide their addresses, or by a Notary Public.

DECEASED VOTER'S INFORMATION:

Voter's Name	Voter's Birthdate	Date of death
Voter's Address		

OATH

I am the next of kin of the voter named on this form or a person authorized by 26 O.S. §4-120.3 to submit this request. I swear or affirm that the voter so named is deceased. I believe the voter was registered to vote in _____ County, Oklahoma, at the address indicated on this form. I request that the deceased voter's name be removed from the registration records.

Next of Kin/Authorized person Printed Name	Relationship to Deceased Voter or Title
Next of Kin/Authorized person Signature	Date

WITNESSED BY – CHOOSE ONLY ONE METHOD BELOW AND COMPLETE:

Choice 1	<input type="checkbox"/> ELECTION OFFICIAL WITNESS		
	Printed name of Secretary, Authorized CEB staff, or Precinct Inspector	Signature of Secretary, Authorized CEB staff, or Precinct Inspector	Date
Choice 2	<input type="checkbox"/> TWO WITNESSES		
	Witness One:		Witness Two:
	Printed Name	Signature	Printed Name
	Signature	Date	Date
Address		Address	
or Choice 3	<input type="checkbox"/> NOTARY PUBLIC WITNESS		
	State of Oklahoma, County of: _____		
	Signed and sworn to (or affirmed) before me on _____ by _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Date) (Name of Next of Kin) </div> <div style="text-align: right; margin-top: 10px;"> _____ Signature of notarial officer _____ Title (and Rank) _____ My Commission Expires My Commission # </div>		